

I. Project Title - Gary Environmental Empowerment Project (GEEP)

Location: The City of Gary, Indiana; specifically targeting the Horace Mann, Midtown, and Aetna areas (46404, 46402, 46403).

Related Environmental Statute: Clean Air Act; Solid Waste Disposal Act, Toxic Substances Control Act

Project Purpose Statement

Initiated by the Lake County Minority Health Coalition (LCMHC), GEEP is a strategic community partnership that will collaborate with Gary residents and stakeholders from local government, local schools, universities, faith and community based organizations, and private industry, etc. to develop and implement solutions that will significantly address environmental and/or public health issues in the City of Gary.

GEEP will assemble environmentally impacted and concerned residents from the City of Gary; the City of Gary's Departments of Green Urbanism, Health, Community Development and Human Relations; Community Health Net (formerly Gary Community Health Center); Indiana Minority Health Coalition; Indiana University Northwest; DePaul University; State Representative Charlie Brown; The Calumet Project; Continuum of Care of Northwest Indiana; United States Steel; First Baptist Church; First AME Church and a host of local/state government representatives, private industry within the City of Gary, additional community and faith based partners. Building upon the Gary CARE plan, this project will attempt to identify and design solutions that will reduce pollution; expand tobacco cessation efforts; provide access to resources; and implement projects that will enhance the capacity of medical professionals and schools to offer evidence-based asthma education and treatment to improve asthma outcomes in children, with the end goal of decreasing asthma-related hospitalizations, emergency department visits, and school absences.

Working with a graduate student hired from the Indiana University Northwest Environmental Science program with an emphasis in Pollution Control Technologies and Remediation, GEEP will collaboratively identify/clarify environmental issues impacting residents, and design solutions that will address and enforce environmental justice concerns. The Coalition proposes to lead an effort that will accomplish critical coordination, resource identification for implementation, and proactive engagement leading to positive environmental change within the Gary community forever.

In designing the project's collaborative efforts, LCMHC will procure the services of a health communication specialist from DePaul University with experience in community-based participatory research. Implementing the locally-based Culture-Centered Approach (CCA), the goal of the proposed project is to develop a community-based participatory project among Gary residents in order to meet air pollution elimination/ reduction/prevention needs as identified by them through the Gary CARE plan and subsequent CCA inspired efforts. The CCA utilizes community-based participatory strategies for addressing healthcare disparities by emphasizing the central role of the community in defining the health problem and corresponding health solutions. All members of GEEP as well as other partners (i.e. DePaul University) equally

involved in all phases of the research process including the development of project design, preparation of the proposal, implementation of the proposal, development of environmental solutions, dissemination of the solutions and the evaluation of project's successfullness

This project will utilize the participatory principles of the CCA guided by GEEP collaboration and building upon the already developed Gary CARE plan to locate decision making in the hands of adults, adolescent peer leaders, and workshop participants recruited from local schools. The GEEP collaborates with a media partner and community partner in the creation of resources and in the development of community capacities that would enable the participants to develop media materials, and other ej strategies that will work for them.

II. Environmental and/or Public Health information about the Affected Community

United States Census Bureau, Indiana

Gary (city), Indiana

People QuickFacts	Gary	Indiana
i Population, 2012 estimate	79,170	6,537,782
i Persons under 5 years, percent, 2010	7.8%	6.7%
i Persons under 18 years, percent, 2010	28.1%	24.8%
i Persons 65 years and over, percent, 2010	14.5%	13.0%
i White alone, percent, 2010 (a)	10.7%	84.3%
i Black or African American alone, percent, 2010 (a)	84.8%	9.1%
i American Indian and Alaska Native alone, percent, 2010 (a)	0.3%	0.3%
i Asian alone, percent, 2010 (a)	0.2%	1.6%
i Native Hawaiian and Other Pacific Islander alone, percent, 2010 (a)	Z	0.0%
i Two or More Races, percent, 2010	2.1%	2.0%
i Hispanic or Latino, percent, 2010 (b)	5.1%	6.0%
i White alone, not Hispanic or Latino, percent, 2010	8.9%	81.5%
i High school graduate or higher, percent of persons age 25+, 2008-2012	82.2%	87.0%
i Bachelor's degree or higher, percent of persons age 25+, 2008-2012	12.4%	23.0%
i Persons per household, 2008-2012	2.61	2.54
i Per capita money income in past 12 months (2012 dollars), 2008-2012	\$15,764	\$24,558
i Median household income, 2008-2012	\$26,956	\$48,374
i Persons below poverty level, percent, 2008-2012	37.4%	14.7%

Environmental Influence, Gary, IN

The historical context through which Gary, IN was founded and has progressed is one in which the intermingling of industrial development, racial segregation, and political influence all interact in creating the current health climates of its residents. The city was founded in 1906 by the United States Steel Corporation several years after the area's sand dunes were extracted and

shipped for building purposes for the growing nearby Chicago, Illinois industry (Calumet Regional Archives).

Open hearth furnaces, bar mills, and sheet mills were begun in present-day East Chicago in 1901 at what would become Inland Steel. Nearby industrial sites also contribute both to commerce and air pollution.

Demographics in Gary

According to 2011 Census data listed above, the City of Gary is predominantly African American with African Americans consisting of approximately 84% of Gary, Indiana's racial population, with Whites comprising close to 12% of the city population (U.S. Census Bureau, 2009). Interestingly, Gary, IN accounts for 19.4 % of the Lake county Indiana population; it has the highest concentration of African American populations in the area. Social determinants such as household income and poverty also show this area to be disenfranchised in numerous sectors. For instance, Gary is shown to have a yearly household median income of \$26,956 (population 11.9% white and 84% black) compared to its neighboring Lake county city of Merrillville, IN whose median income is \$49,545 (population 69.2% white and 22.9% black). Similar trends can be found in other neighboring cities such as Hobart, IN with a yearly median household income of \$47,759 (93.7 % white and 1.4% black). When comparing Gary to the county as a whole, the median household income for the entire county is \$50,042 (70.7% white 26.2% black). Gary's median income barely surpasses the county's midpoint.

Moreover, population data shows 25.8% of Gary, IN's population to be living below the poverty level, while this same determinant is substantially lower in nearby cities such as 4.3% in Merrillville and 4.8% in Hobart. Again, the Lake county poverty rate attests to this economic disparity with a poverty rate of 16.4%, which is well below that of Gary. In these comparative cases, it is important to note the disparate inverse relationship in racial make-up versus economic marginalization. Health institutes such as the Center for Disease Control and the National Institutes of Health all note a strong link between a community's access to economic stability and health determinants.

These figures are in stark contrast to Gary fifty years ago. Just 30 minutes from downtown Chicago, Gary was once a vibrant steel town with close to 180,000 residents in the 1960s. It is now home to less than 80,000 people and battered by decades of industry layoffs and racial friction that caused waves of suburban flight, shrinking city coffers drastically. As a result of the declining steel industry and subsequent suburban flight, Gary has consistently battled high rates of unemployment, crime and fleeing businesses, as well as fewer resources to invest into 50 square miles of infrastructure that continues to decay. In addition, officials say that a third of the houses in Gary are unoccupied, hollowed dwellings spread across a city that has lost more than half its population in the last half-century. For the past decade, Gary has consistently found itself among the ten worst cities to live. In addition to the problems that Gary faces as a result of the declining steel industry, Gary has suffered environmentally, as well.

Health Disparities in Gary

As an overall, the health of Gary can be conjectured through the health standing of its county. Health determinants of the state of Indiana show Lake county to rank 84 out of 92 in health outcomes, representing a much needed area of intervention and close evaluation of health

disparities in this region. Moreover, Lake County was ranked 92 out of 92 with the least healthy health factors out of the entire state of Indiana. The evidence of this area as a site of health disparities continues with Lake County coming in at 85 of 92 for having a high mortality rate, 90 out of 92 for low healthy behaviors (includes measures of smoking, diet and exercise, alcohol use, etc.), 80 out of 92 for access to clinical care (access and quality of care), and 92 out of 92 for the lack of social and economic support such as education, employment, income, family and social support, and community safety. Within Lake County, these health inequities are most salient in the city of Gary, IN (as noted in Gary's comparison to its neighboring cities) and thus serves as a site for engaging with community participants most marginalized and disenfranchised when managing one's health and conducting culturally-centered approaches.

According to USA Today, air quality near schools in Gary face higher exposure to industrial pollution. Jefferson Elementary School, Thea Bowman Leadership Academy, are in the 21st percentile of air quality throughout the nation. As a result, students and citizens are exposed to cancer-causing toxins and other toxic chemicals at alarming and dangerous rates. As a result of poor air quality, and lack of access to adequate medical care (often by-products of poverty and unemployment), and chronic stress, Gary residents often suffer from heart disease, stroke, diabetes, low birth weight or premature births, and other serious diseases at rates higher than in other areas of the state.

General Impact of Health Disparities:

Robert Wood Johnson Foundation's Issue Brief *Exploring the Social Determinants of Health* published in April 2011, concluded that "the largest and most consistent health disparities generally are observed for blacks... For example, compared with a baby born to a white mother, a baby born to a black mother is more than twice as likely to die before reaching his or her first birthday. Age-adjusted overall mortality rates are higher for blacks compared with all other groups; these age-adjusted rates mask even larger disparities among the young. In particular, a number of scientists have hypothesized that chronic stress related to experiences of racial/ethnic bias—including relatively subtle experiences that arise even in the absence of conscious or intentional prejudice—may contribute significantly to unexplained racial or ethnic disparities in health, regardless of income or education. Chronic stress has been found to have major adverse health effects through multiple neuroendocrine, vascular, immune and/or inflammatory mechanisms, resulting in increased risk of heart disease, stroke, diabetes, low birth weight or premature birth and other serious conditions. Both racial or ethnic group and socioeconomic factors reflect differential access to resources and opportunities that can hurt or enhance health, over lifetimes and across generations."

Environmental Impact of Health Disparities

"Asthma occurs in all races and ethnicities. Whites reported a current asthma prevalence rate of 9.2% whereas blacks reported 12%. Interestingly, this difference was not statistically significant. However, blacks were hospitalized three times more often than whites; blacks were also more than four times as likely to visit ED for asthma as whites. Of all racial and ethnic groups, the prevalence rate among black females was the highest." Mortality rates were significantly higher among blacks than whites; the female black rate was the highest. Data Source: Indiana State Department of Health, Indiana 2009

Comment [SD1]: This section needs more research to support

There appears to be an association between income level and asthma prevalence. Of all income categories, adults with an annual household income of \$50,000 or more reported the lowest current asthma prevalence (5.7%). The highest prevalence of asthma was reported by the adults with an annual household income of \$15,000 or less (17%). Asthma prevalence also varies with the level of education completed. Prevalence of current asthma was higher among adults with less than a high school education (15.5%) than those who have completed high school (9.4%), some post-high school education (8.4%), or college graduates (7.0%). The difference of asthma prevalence between adults with less than a high school education and post-high school education was statistically significant. Data Source: Indiana State Department of Health 2009

History of the City of Gary

“Judge Elbert Gary, President of the Managing Board of Directors for United States Steel, in 1904 sought a southern Lake Michigan location for a new "ground up" steel mill. Judge Gary ultimately chose what his attorney had described as the "still unoccupied lands of the southern extremity of Lake Michigan" amid "the greatest tide of transportation in the world." In February 1909, the Gary Works' Open Hearth No. 4 began steel production.⁴

In 1971, an author and former county official expressed concern for environmental quality, and particularly air quality, in Gary and surrounding communities of the Calumet region. "Most cities have one major problem from among the three poisoners--air pollution, water pollution, and land pollution. Gary has all three. But the most advanced, the most obvious, and the most deadly to our citizens is air pollution." The author cited figures from Northwest Indiana air resource management organizations as to the causes for air pollution. The three greatest by tonnage were identified as industrial emissions from fuel burning and processes, industrial emissions in the form of dust and particulate matter, and motor vehicle emissions .

These data suggest that in the city of Gary's environment has been negatively impacted by the very steel industry it is known for, though the steel industry serves an important role in the local economy of Gary. It and a myriad of other environmental impacts have negatively impacted the environment and thus its residents and their health. The project detailed in this application proposes a community strategy creating environmental wellness, pollution reduction, environmental education, and the collaboration of community-based and advocacy organizations, together with federal, state, and local government agencies tackling these problems.

III. Organization's Historical Connection to the Affected Community

LCMHC's mission is to decrease health disparities among minority residents by educating and increasing awareness of chronic diseases and providing access to quality care. LCMHC was one of seven original minority health coalitions formed in Indiana. Since its establishment LCMHC has worked diligently through changes relating to healthcare service disparities, the needs of its clients, and the development of collaborative efforts. These changes were addressed by developing culture centered evidence based strategies in concert and/or collaboration with the community. Our advocacy, awareness, and training operations in line with grantors parameters, have strengthened our community and the expertise base through outreach, a variety of

ambitious programs, also, by adjusting LCMHC's products and services, and their delivery mechanisms.

The coalition hosts Town Hall Meetings, Health Fairs, Festivals, Screenings, Enrollment Events, Health Education and Awareness events, while, providing evidenced based programming aimed at reducing the disproportionate impact of chronic diseases on residents in its service area.

The coalition has effectively mobilized community residents and healthcare providers in increasing access to preventative health screenings and addressing syndemics such as infant mortality. With additional funding from Geminus Community Partners, we are working with local area high schools, healthcare providers, and agencies that serve pregnant and parenting teen and adult Mom's to build a breastfeeding coalition. Our research led us to conclude that one of the most effect means of ensuring both child healthiness and safety was breastfeeding. Thus, we offer a mix of breastfeeding education information, screenings, child safety information, anger management strategies, in the form of a Community Baby Shower. One month we recruit pregnant and parenting Moms at healthcare provider sites and area high schools. Every other month we bring both of these groups together for a Baby Shower. This event allows intergenerational mentoring and sharing among Mom's and a chance to learn additional strategies for child safety, wellness, and strategies to enhance family dynamics. LCMHC works as an advocate with national, state and local partners to address chronic disease and health issues (diabetes, heart disease, and preventive health screenings for men) at the grass roots community level. LCMHC also addressed a number of health equity and access issues (food equity, kidney disease, Hepatitis C) through community based participatory research. Most recently the coalition mobilized a broad racial/ethnic mix of community members and legislators for a town-hall discussion on health care access and the Affordable Care Act. This led to a series of ACA enrollment events in the region.

The coalition's partners in addressing health disparities, chronic disease, health equity and access issues include:

LCMHC has demonstrated that it can leverage the resources of disparate groups that come together around a common goal in order to create critical momentum on public health issues that might otherwise be overlooked in a complex environment. We are privileged and work diligently to maintain the role as a trusted broker within the community. We often provide the critical link between stakeholders from private industry, academia, or healthcare providers and the community.

As a convener of stakeholders, LCMHC played a critical role in the Lake County area Community-Academic Partnership – Heart Health Indiana. The \$1.4M community-academic partnership research project funded by the Agency for Healthcare Research and Quality (AHRQ), titled "Application and dissemination of a culture-centered approach to tailoring comparative effectiveness research summary guides (CERSGs)" was a culture-centered partnership between the Indiana Minority Health Coalition (IMHC) and Purdue University.

The research project later known as the heart health Indiana .com research project aimed to reduce the incidence of heart disease in the high-risk African-American population in the Lake and Marion county areas.

Over two years (2011-2013), LCMHC and the team worked collaboratively in the Gary area with community stakeholders to establish an advisory panel, conduct focus groups and individual interviews, and offer workshops for local community members to create heart health surveys/questionnaires, culturally tailored communication solutions on the basis of the research summary guides.

In our final phase, we worked directly with community on how to develop a strategy to promote heart health information in our predominantly African American community where our mortality and morbidity rates are staggering. We work collaboratively and diligently pressing one another to develop plans to address the local health disparities, design and implement a technology hub to access heart health information on the internet, and evaluate our effort. In the final analysis, the effort increased the community's capacity to create community relevant materials, avenues, and groups.

By taking this kind of community-driven and culture-centered approach, the community participated in decision making and strategy development while LCMHC, IMHC and Purdue, our academic partner played a capacity-building role that facilitated collaboration and made resources available in and to the community. Ultimately, the solutions originated from within Gary, and, they still resonate with community members.

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LCMHC spearheaded the Lake County area Community-Academic Partnership – Heart Health Indiana. The \$1.4M community-academic partnership research project funded by the Agency for Healthcare Research and Quality (AHRQ), titled "Application and dissemination of a culture-centered approach to tailoring comparative effectiveness research summary guides (CERSGs)" was a culture-centered partnership between the Indiana Minority Health Coalition (IMHC) and Purdue University. The research project later known as the heart health Indiana .com research project aimed to reduce the incidence of heart disease in the high-risk African-American population in the Gary area.

Over three years (2010-2013), Purdue, IMHC, LCMHC and the team worked collaboratively with community stakeholders to establish an advisory panel, conduct focus groups and individual interviews, and offer workshops for local community members to create culturally tailored communication solutions on the basis of the research summary guides.

In our final phase, we worked directly with community moving the project to develop a strategy targeting African-Americans, on how to develop a strategy to promote heart health information in the community, evaluate local health disparities, design and implement a technology hub to access heart health information on the internet, and assess how the changes increased and utilized

underserved African-American community's capacity to create relevant information about heart disease.

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IV. Project Description

GEEP anticipates partnering with a myriad of different stakeholders, organizational and individual entities having varying levels of involvement. However, core partner agencies include: Indiana Minority Health Coalition; City of Gary, Departments of Green Urbanism, Human Relations, Health and Cooperative Tobacco Prevention; Northwest Indiana Community Health Net; The Calumet Project; DePaul University; and the Continuum of Care of Northwest Indiana. Specific expectations are included below. We will be engaging community members and other partners to develop environmental justice solutions for our community and each other. Certainly, it is central to the LCMHC's mission to reduce and/or eliminate health disparities. And, so it is with each partner. The impact and success of GEEP, the motivation to stay the course is as basic as it is what we are all already doing and until the problems do not any longer exist; it is what we are in place to do.

LCMHC is responsible to ensure that GEEP has monthly meetings, beginning September, 2015 through August, 2016. The following strategies will help position private public faith based local agencies to respond constructively to the challenges facing a City fraught with environmental justice issues. At the end of the prospective funding, we anticipate the evolution of the effort with additional resources to continue to right environmental wrongs and problems within the Gary community.

Our meetings will be marked by collaboration, networking, resource identification and sharing, evaluation, and assessment. Already capacity extends among partners from having skills to work collaboratively and dedicate resources; to understanding how a single issue fits into a broader network of issues and the ability to weigh the value of working together against other resource expenditures. We will recruit additional partners and continue.

The following lists when and what partner organizations will provide:

LCMHC

September, 2015

1. Collaboratively develop and host the first monthly community advisory board with DePaul University health communication expert. Recruitment will be focused on the broadest inclusion of community members and partners from all sectors of the community. The aim of our advisory board will be to understand environmental aforementioned data Gary from all perspective and design, discover, develop strategies to address them through collaboration, economic development, environmental protection, education, coordination, and proactive engagement.

2. Educate the Gary community through Pollution Prevention Health Fairs (4 total; 2 per year) aimed at educating community members and stakeholders about the intersection between environmental justice and public health.

3. Present aforementioned data at Annual Town Hall Meetings (2 total); demonstrating disproportionately high and adverse environmental exposures in the area, and the review concepts of environmental justice.

4. Hire a graduate student hired from the Indiana University Northwest Environmental Science program with an emphasis in Pollution Control Technologies and Remediation to act together with GEEP to further identify/clarify environmental issues impacting residents, and design solutions that will address and enforce environmental justice concerns.

We know that collaborative approaches are especially appropriate when addressing the multifaceted concerns associated with revitalizing communities. There will not be one-size-fits-all solutions. The solutions will come in the form of improved public participation, public-private partnerships, improved and informed siting decisions, effective environmental communication, and strategic enforcement to optimize the our limited resources.

Proposed Outcomes:

- Residents are informed and/or trained by an environmental program to reduce and/or eliminate health risks associated with environmental hazards
- Creation of a community wide effort with engaged residents in leadership roles understanding their right, responsibility, and power to integrate environmental justice strategies into community policy, and their everyday lives
- The cumulative project will motivate residents to participate in broader community efforts to protect and the environment in Gary

City of Gary, Department of Green Urbanism & Environmental

1. Provide four (4) Environment Health presentations/events:
 - a. Overview of Water Quality & Seven Steps to Clean Water
 - b. Pollution Prevention & Community Clean up
 - c. Illegal Dumping Prevention Taskforce Initiative - Relaunch preventive activities to reduce illegal dumping in "hot spots" of neighborhoods.
 - d. Household Hazardous Waste Collection & Green Awareness Day
2. Attending project meeting to include preparing activity reports
3. Promoting public outreach initiatives

The in-kind contribution allocated to this initiative is \$9,500 in staff time and outreach supplies.

City of Gary, Human Relations Commission

1. Conduct Fair Housing presentations/activities:
 - a. Overview of Fair Housing Laws and Your Rights
 - b. Landlord Tenant Laws - Know Your Responsibilities
 - c. Analysis of Impediment
2. Fair Housing and Environmental Health
3. Rental Property Evaluation /Assessment for lead paint

4. Attending project meeting to include preparing activity reports
5. Promoting public health outreach initiatives

The in-kind contribution allocated to this initiative is \$5,500 in staff time and outreach supplies.

City of Gary Health Department Health

1. August, 2015 - One Healthy Homes/Healthy Children educational forum to the public per year
Outcome:
2. Beginning in October, 2015 – August, 2016
Lead Screening for 200 children six months to six years old
All children found with a lead level at or above 10ug/dL will be referred for Home inspection.
3. Beginning in October, 2015 – August, 2016
City of Gary Health Department Health Inspector and Surveillance Team will perform monthly on-site home screenings and explain eleven environmental hazards in the household which included the following: Lead, Radon gas, Mercury, Pesticides, Asthma triggers, Carbon Monoxide, Organic vapors, Mold, Second Hand Smoke, and Drinking water contaminants. Assessments will be completed and referrals made so that homes may receive lead or radon testing. We anticipate homes will have Carbon Monoxide and Smoke alarms installed.
4. Beginning in September, 2015 – August, 2016
Attending project meeting to include preparing activity reports
5. Beginning in September, 2015 – August, 2016
Promoting public health outreach initiatives

Proposed Outcomes:

An increase in the numbers of homes with carbon monoxide and smoke alarms; and a reduced rate of asthma and lead poisoning from home visits programs
In home assessments done and referrals made

The in-kind contribution allocated to this initiative is \$24,600 in staff time and outreach supplies.

The NWI Health Department Cooperative Tobacco Prevention Program

This organization will provide 100 Smoke-free Tobacco Tool Kits to Gary businesses and healthcare centers beginning in Sept. 2015; we will offer Tobacco Cessation counseling upon request; we will provide materials/ trainings on the Indiana Tobacco Quit-line services on a monthly basis throughout the duration of the 2015-2016 program duration.
The in-kind contribution allocated to this initiative is \$2,312 in staff time and outreach supplies.

The Calumet Project

The Calumet Project partner will provide the following for 200 residents, quarterly for the duration of the project; beginning in August, 2015:

- Conduct extensive "Environmental Awareness Training" classes that will assist residents to skillfully identify environmental issues, understand environmental terminology, and the various types of pollutants and their impact on residents lives

- Conduct \"Bucket Brigade\" and Spectrometer trainings that teach residents how to use the air sampling tools.
- Send all air samples to certified labs for results of any contamination.

DePaul University

September 2015

1. Community-based participatory research expert will collaboratively develop and attend the monthly community advisory board meetings. University partner will provide expertise and guidance on utilizing the Culture-Centered Approach for building long-term sustainable change from project inception to completion.
2. Health communication expert will offered training on 1) CCA-driven principles of message tailoring, 2) the tailoring criteria identified for the delivery of specific environmental justice messages, and 3) the delivery of environmental messages on the basis of identified criteria. The training program will be developed on the basis of the inputs from the local community in collaboration with the academic partner, and will be set up with the goal of continually responding to the combination of individual and community needs. Responding to the characteristics of the individual patients within the broader cultural context of the program allows for greater degree of adaptation in the proposed project.

V. Organizational Capacity and Programmatic Capability

While working through LCMHC and on behalf of the Gary community, working for the IMHC Purdue community-academic partnership heart health program, Tracy Lewis worked within an organization with systems in place for managing, expending, and accounting for Federal funds. Additionally, GEEP worked for the City of Gary's federally funded FUTURES program. Lastly, GEEP partners, IMHC, Community Health Net and City of Gary, Dept of Green Urbanism routinely work with federally funded programs and can offer invaluable direction, insight, oversight, or act as fiscal agents if required.

LCMHC has not been a recipient of an EPA or other Federal grant/cooperative agreement in the last five years.

VI. Qualifications of the Project Manager (PM)

Tracy Lewis, Executive Director of the Lake County Minority Health Coalition, and GEEP Program Manager, is a Gary native with over 15 years of experience in the development and implementation of academic/community partner research projects with budgets of over \$1M; human service outreach programs, including program design, needs assessment, recruitment, development of memorandums of agreement, program compliance, program evaluation, reporting procedures, audit preparation, experience in establishing/monitoring productivity goals and leading cross functional teams. She is a licensed Minister and long-time member of First Baptist Church, Gary, the oldest and one of the largest African American congregations in the city. Committed to the city of Gary with community service in her blood, she is a strong advocate for the power of partnership and collaboration; of initiating efforts that bring together people with similar goals/objectives to find solutions to community needs. And, assist stakeholders to think and act collaboratively rather than competitively.

At LCMHC, she works diligently to direct efforts to discover, eliminate or at least, reduce, health disparities with traditionally underserved populations in Northwest Indiana (NWI). Design, develop and coordinate printed communications and workplace interactions across cultural lines.

Specific experiences include:

Lewis's responsibilities included: the design/development of a recruitment strategy and engagement mechanisms surveying and providing interventions for over 1800 Lake County residents; Initiation of partnerships with key administrations in local and regional government, education, faith based institutions, health care practitioners, health facilities, community based organizations, variety of other community partners; Administration and management of the LCMHC program budget and other program resources. Recruitment, management, and supervision of 15 city certified peer educators, Preparation and submission of weekly reports and program evaluation.

- Founder/Director/Consultant Northwest Indiana Institute Client List: Lake County Minority Health Coalition, Minority Health Coalition of LaPorte County, Northwest Indiana Institute; Continuum of Care of Northwest Indiana; Corinthian Christian Center; New Generations
 - ❑ Obtain local, state and national contracts with various governmental partners. Direct and assist clients in the development of programs, curriculums, workshops and retreats focused on: Strategic and Organizational Five Year Plans; Board of Directors Recruitment and Retention; Fundraising; Organizational Revenue and Expense Budgets; Program/Project Timelines; Program Organizational Chart Development Plans; Final Program Evaluation; Grantwriting and Close-Out Reports
 - ❑ Develop project-financing strategy for faith-based organization resulting in more than \$350,000/annually in funds to provide faith-based counseling and mentoring services for over 250 clients
 - ❑ Design and manage programs including health education awareness, advocacy; non-traditional, holistic, one-stop centers offering services including job training, counseling, youth education, mentoring, transportation, image consultation, and short term certificate training, etc.
 - ❑ Direct organizational responsibilities. Overseeing the planning, development, implementation and evaluation of a broad range of programs for allied health training with government funding and national certification; also provide leadership and supervision to program and volunteer staff; manage budgets and controls expenses.
 - ❑ Initiate and develop long term planning of business development, including fundraising and service delivery
 - ❑ Forge key partnerships with health care professionals, community agencies, faith-based organizations, and local businesses that provide synergistic collaboration needed for program implementation
 - ❑ Experience with financial reporting and managing multiple budgets

- Program Coordinator - City of Gary Welfare to Work Program (Formula grant from the Department of Labor)
 - ❑ Coordination of a job readiness/training program with over 300 enrolled participants and with a program budget of \$5M
 - ❑ Initiated successful marketing campaign resulting in recruitment of over 300 prospective participants, increased community visibility, decrease in clients receiving public assistance and community economic development
 - ❑ Met with city officials to define program goals and requirements; document requirements per DOL guidelines
 - ❑ Prepared and submitted monthly and final reports detailing outputs and outcomes

VII. Past Performance in Reporting on Outputs and Outcomes

The Coalition has received the following funding awards:

- Program Year 2010-2013 (As a partner with Purdue University and Indiana Minority Health Coalition on the Agency for HealthCare Research and Quality Grant) - \$1.4M
- Program Year 2013-2015 – Indiana Minority Health Coalition – Minority Health Initiative Funding- \$101K
- Program Years 2013-2015 – Geminus Community Partners- Child Safety Grant to develop a Breastfeeding Coalition - \$40K
- Program Year 2014 - Indiana University Purdue University Indianapolis - \$20K

For each of the aforementioned grant awards LCMHC has and will continue to provide all monitoring and evaluation reports as required by each funding agency. This includes: monthly reports, human subjects logs, sign in sheets, transcripts for interviews; satisfaction surveys, evidence based program pre/posttest surveys, facilitator sheets, data collection forms, monthly budget details with and expenditure documentation; end of program and closeout reports. Additionally, all MOA/MOU documents are submitted for approval/review where requested/required. LCMHC works closely with our IMHC Field Representative to work through any perceived challenges throughout the funding period.

VIII. Expenditure of Awarded Grant Funds

Please note, IMHC has been the fiscal agent on large grant awards. In every other instance, the LCMHC Board of Directors have collectively delegated the work of establishing, implementing and monitoring LCMHC's financial services and internal financial controls to an independent Accountant with oversight by the LCMHC Treasurer. LCMHC is working with Indiana University Accounting Student Intern program with oversight by a Certified Public Accountant to ensure that internal financial controls over a wide range of financial activities continued to be adhered to and maintained and communicated. Please see the detailed scope of services in the attached Memorandum of Agreement (MOA).

IX. Quality Assurance Project Plan (QAPP) Information

If GEEP is chosen for funding, we will develop an approved Quality Assurance Project Plan.